

METROPOLITAN TRANSPORTATION COMMISSION

Joseph P. Bort MetroCenter 101 Eighth Street Oakland, CA 94607-4700 Tel.: 510.464.7700 TTY/TDD: 510.464.7769 Fax: 510.464.7848 e-mail: info@mtc.ca.gov Web site: www.mtc.ca.gov

Application for Advisory Committees

The Metropolitan Transportation Commission invites Bay Area residents to serve on one of the three advisory committees (see attached fact sheets for specific information on each of the committees). The committees advise MTC — the regional transportation planning and financing agency for the nine-county San Francisco Bay Area — on transportation matters of concern to the public. Each member is appointed by the Commission for a two-year term. To assist in evaluating your qualifications for appointment, please complete this application and return it to: MTC Public Information Office, $101 - 8^{th}$ Street, Oakland, CA 94607-4700, Fax: 510.464.7848, or download the application from MTC's Web site at < www.mtc.ca.gov>. For more information, call MTC Public Information at 510.464.7787.

Name		
Last	First	Middle
Address		
Street		Apt./Suite #
City	State	Zip Code
Telephone (() Home	() FAX
E-Mail		
County of Residence		
Are you over 18 years of age? Y	es No	
Have you ever served on an MTO If yes, please check the name of	•	_ No
Minority Citizens Advisor	ry Committee Years	s of Service
Elderly and Disabled Adv	isory Committee Years	s of Service
Advisory Council	Years	s of Service

Name:	/Page 2
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Advisory Committees

Check one or more of the three Advisory Committees of interest:

_ MTC Advisory Council

Advises MTC on the Bay Area's 25-year transportation plan and investment strategy, integrated transportation and land use planning, funding priorities and other subjects. The Advisory Council is composed of twenty-four (24) members appointed from the interest categories shown below. (In addition, two members each from the Minority Citizens Advisory Committee and the Elderly and Disabled Advisory Committee are appointed to the Advisory Council.)

Please check the membership category or categories for which you are applying.

INTEREST Category ✓	
Academia	
Architecture	
Business	
Community	
Construction	
Engineering	
Environmental	
Labor	
News Media	
Safety	

USER Category		
	~	
Freight		
Transit		
Automobile		
Non-motorized Transportation		

Minority Citizens Advisory Committee

Advises MTC to ensure that the views and needs of minority and low-income communities are adequately reflected in MTC policies. The committee is composed of twenty-six (26) members, 24 of whom are from the nine Bay Area counties who must be of African American, Asian, Hispanic/Latino or Native American descent. In addition, two members are from, or work with, a low-income community.

Please check the membership category or categories for which you are applying.

Member Category		
	✓	
African American		
Asian		
Hispanic/Latino		
Native American		
Low-income		

	_ Elderly and Disabled Advisory Committee
	Advises MTC on transportation projects and services that affect older adults and persons
	with disabilities. The committee is composed of twenty (20) members, with one elderly and
	one disabled advisor appointed from each of the nine counties, plus two appointed by
	MTC's regional agency Commissioners.
	Please check the membership category or categories for which you are applying.
	Member Category
	Filtrates
	Elderly
	Disabled
D.	Con XX and the Connection
	easons for Wanting to Serve
	lease type or print responses here or use a separate sheet. Be sure to include your name at the of every page.)
1.	Why do you want to serve as an advisor to MTC?
2.	Do you have any time constraints or other challenges serving a two-year term?
2	What would you bring to the advisory committee? (Please specify special skills, abilities and
3.	
	expertise.)
4.	What is your knowledge and interest in transportation, including regional transportation
	planning?
	priming.
_	
5.	What modes of transportation do you use primarily: a) for work, b) for other activities?
	(Please specify automobile, public transportation, paratransit services, bicycle/pedestrian.)
6.	Do you have any experience with paratransit services? Yes No
	Describe your experience:
	• •

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I с	ertify that the foreg	oing statements are true and	d complete to the best of my	knowledge.
Na	<u>me</u>	Address/Telephone	Business/Organization	Years Known
	eferences (List the	e names of at least two pers	ons who have known you fo	r two years or more.)
<u>Em</u>	<u>nployer</u>	Occupation/Job Tit	ile <u>L</u> e	ength of Service
En	Asian or Pacifi Caucasian nployment Hist	can/Black Hispar c Islander Native Other	nic/Latino American/American Indian (please state): Leting this section of the form	
8.		•	r organizations, including ci you have been or are now a	
7.		gestions, ideas, needs, or areas of concern would you want to see addressed in ransportation planning for the nine Bay Area counties?		

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